

Office of Health Care Assurance

State Licensing Section

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

Agency's Name: Wilson Homecare	CHAPTER 700
Address: 1221 Kapiolani Boulevard, Suite 940, Honolulu, Hawaii 96814	Inspection Date: January 15, 2021 Initial

THIS PAGE MUST BE SUBMITTED WITH YOUR PLAN OF CORRECTION. IF IT IS NOT, YOUR PLAN OF CORRECTION WILL BE RETURNED TO YOU, UNREVIEWED.

YOUR PLAN OF CORRECTION MUST BE SUBMITTED WITHIN TEN (10) WORKING DAYS. IF IT IS NOT RECEIVED WITHIN TEN (10) DAYS, YOUR STATEMENT OF DEFICIENCIES WILL BE POSTED ONLINE, WITHOUT YOUR RESPONSE.

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-7 <u>Service plan.</u> (a) A supervisor shall develop with the client or the client's representative, or both, a service plan for home care services, which shall be signed by the supervisor and the client or the client's representative and incorporated into the client's record.</p> <p><u>FINDINGS</u> Client #1- Service plan dated 9/24/20 was not signed by the client or the client's representative.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><u>CORRECTED:</u></p> <p>ALL INITIAL AND UPDATED HOME CARE SERVICE PLANS FOR ALL CURRENT/ACTIVE CLIENTS HAVE BEEN MAILED TO CLIENTS' PRIVATE RESIDENCES/ ADDRESSES WITH INSTRUCTIONS TO SIGN BEFORE INCLUSION IN THE WALSON HOMECARE CLIENT BINDER(S).</p> <p>COPY OF COVER LETTER/INSTRUCTION SHEET ENCLOSED.</p>	1/29/2024

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-7 <u>Service plan.</u> (a) A supervisor shall develop with the client or the client's representative, or both, a service plan for home care services, which shall be signed by the supervisor and the client or the client's representative and incorporated into the client's record.</p> <p><u>FINDINGS</u> Client #1- Service plan dated 9/24/20 was not signed by the client or the client's representative.</p>	<p>PART 2</p> <p><u>FUTURE PLAN</u></p> <p>USE THIS SPACE TO EXPLAIN YOUR FUTURE PLAN: WHAT WILL YOU DO TO ENSURE THAT IT DOESN'T HAPPEN AGAIN?</p> <p><u>FUTURE PLAN:</u></p> <p>UPON SIGNED SERVICE AGREEMENT, CARE SERVICE PLANS THAT ARE FINALIZED BY NURSE CASE MANAGERS WILL BE MAILED TO CLIENTS' PRIVATE RESIDENCES/ ADDRESSES WITH INSTRUCTIONS TO SIGN BEFORE INCLUSION IN THE WILSON HOMECARE CLIENT BINDER(S). CAREGIVERS/ CASE MANAGERS THAT DELIVER CLIENT BINDERS INTO HOMES WILL ENSURE SERVICE PLANS ARE SIGNED BY RN + CLIENT OR CLIENT REPRESENTATIVE.</p> <p>UPDATED HOME CARE SERVICE PLANS FOR ALL CLIENTS WILL BE MAILED W/ INSTRUCTIONS TO SIGN BEFORE INCLUSION IN THE WILSON HOMECARE CLIENT BINDER(S).</p> <p>DURING REGULARLY SCHEDULED HOME VISITS, THE NURSE CASE MANAGERS WILL CONDUCT AUDITS FOR SIGNED SERVICE PLANS. PREVIOUSLY SIGNED SERVICE PLANS. PREVIOUSLY SIGNED PLANS WILL BE BATHETED TO INCORPORATE INTO THE CLIENTS PHYSICAL FILES/RECORDS.</p>	2/26/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-9 <u>Administration and standards.</u> (d)(3) The home care agency shall:</p> <p>Document that every employee and volunteer, who has direct client contact, has an initial and annual tuberculosis (TB) clearance in accordance with the most current and updated guidelines in chapter 11-164 Hawaii administrative rules prior to their first contact with clients;</p> <p>FINDINGS Record shows that employee #1 did not have the required TB clearance signed by a physician or an advanced nurse practitioner.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><u>CORRECTED:</u> EMPLOYEE #1 PROVIDED AN INITIAL TB CLEARANCE (TST PPD READING) ELECTRONICALLY SIGNED BY MEDICAL PROFESSIONAL FROM THE KAHUKU CLINIC. THE ELECTRONIC SIGNATURE DID NOT INCLUDE THE SIGNER'S TITLE - AS TO WHETHER PHYSICIAN/APRN. WE CONTACTED KAHUKU CLINIC FOR AN UPDATED INITIAL TB CLEARANCE THAT MEETS THESE CRITERIA - SIGNED TB CLEARANCE FAXED BY KAHUKU CLINIC 2/5/2021, ATTACHED/ENCLOSED.</p> <p><u>PENDING CORRECTION:</u> HL IS IN PROCESS OF ENSURING ALL CURRENT TB CLEARANCES OF EVERY EMPLOYEE (300+/-) ARE SIGNED BY A PHYSICIAN/APRN. DEADLINE FOR ALL/ANY DEFICIENCIES TO BE CORRECTED IS 2/26/2021.</p>	<p>2/5/2021</p> <p>2/26/2021</p>

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	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
<input checked="" type="checkbox"/>	<p>§11-700-9 <u>Administration and standards.</u> (d)(4) The home care agency shall:</p> <p>Conduct criminal background checks in accordance with section 321-15.2, HRS, to ensure that all employees and volunteers who provide client care or who supervise staff, including the administrator, do not have a history of criminal conviction, abuse, neglect, threatened harm, or other maltreatment against children or adults bearing a rational relationship to the duties and responsibilities of their position in accordance with state and federal laws, and prudent business practice. Relevant charges include but are not limited to assault, abuse, neglect, or theft;</p> <p><u>FINDINGS</u> Record shows that employee #2 had positive Ecrim (background check) results on 4/14/20, and there was no evidence of exemption approval from the department.</p>	<p>PART 1</p> <p><u>DID YOU CORRECT THE DEFICIENCY?</u></p> <p>USE THIS SPACE TO TELL US HOW YOU CORRECTED THE DEFICIENCY</p> <p><u>PENDING CORRECTION:</u></p> <p>HR FAILED TO SEND EMPLOYEE #2'S COMPLETED EXEMPTION REQUEST DOCUMENTS TO OHCA FOR AN EXEMPTION INTERVIEW TO BE SCHEDULED. EMPLOYEE #2'S ORIGINAL PAPERWORK + CHARACTER REFERENCES HAD BEEN FILED IN ERROR, EVIDENTLY SIGNALING THAT THE EMPLOYEE WAS ABLE TO PROVIDE CARE (OR AN "APPROVED" EXEMPTION).</p> <p>EMPLOYEE #2 WAS IMMEDIATELY NOTIFIED OF THE INCOMPLETE EXEMPTION PROCESS AND SUPERVISION NEEDS. HR SENT EXEMPTION REQUEST DOCUMENTS + CHARACTER REFERENCES TO OHCA FOR INTERVIEW SCHEDULING, SET FOR 2/11/2021</p>	2/11/2021

	RULES (CRITERIA)	PLAN OF CORRECTION	Completion Date
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Licensee's/Administrator's Signature: Shelley Wilson

Print Name: Shelley Wilson

Date: 2/5/21